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MOS-60651

COVER LETTER

TO: Registration Section		
Division of Corporation	5	
SUBJECT: Housing Solution	ons. LLC	
SOBJECT: Hodoling colors	(Name of Limited Liability Company)	
erri i ina i' i' i T	The state of the s	•
	oreign Limited Liability Company for Authorization to Transact Busine e, and check are submitted to register the above referenced foreign limit siness in Florida	
Please return all correspondence	e concerning this matter to the following:	
Brian D. Ko	tzker, Esquire	
	(Name of Person)	
The Kotzker	Law Office	
	(Firm/Company)	
3300 Olney	Sandy Spring Road, Suite 320 (Address)	~ or the p
		,
Olnov MD	20832	11
Olney, MD	20032	المور . ا
	(City/State and Zip Code)	
For further information concern	ing this matter, please call:	
Brian D. Kotzker	at (301) 260-2812	
(Name o		
MAILING ADDRESS	STREET ADDRESS:	
Division of Corporation		
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
	Tallahassee, FL 32301	
Enclosed is a check for the follo		
☑ \$125.00 Filing Fee □	\$130.00 Filing Fee & \$\sum \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 Housing Solutions, LLC					_
(Name of Foreign Limited					
2. Maryland	_ 3	75-3109882			
(Jurisdiction under the law of which foreign limited liability company is organized)	ly	(FEI number, if applicable)			
_{4.} 2-4-2003	5	12-31-2053			_
(Date of Organization)		(Duration: Year limited liability company exist or "perpetual")	will o	cease to	
6. N/A					_
(Date first transacted business in I (See sections 608.501 & 608.502 F.	Flo F.S.	rida, if prior to registration.) to determine penalty liability)			
7. 6310 Stevens Forest Road					_
Columbia, MD 21045					_
(Street Address	ess	of Principal Office)	₹	K-1	
8. If limited liability company is a manager-manage	ged	company, check here 🗸	SECRE		a rag
9. The name and usual business addresses of the ma	nan	aging members or managers are as fol	AND REPORT	17 28	ig Standing Stand Standing Standing Standing Stand Standing Standing Standing Stand Stand Standing Stand Standi
Steven D. Williams		<u>_</u>	<u> </u>		
6310 Stevens Forest Road		, , , , , , , , , , , , , , , , , , ,	SīA	H 2:	# A.
Columbia, MD 21045		<u> </u>	<u> </u>	20	_
10. Attached is an original certificate of existence, no more than 9 the jurisdiction under the law of which it is organized. (A photoc translation of the certificate under oath of the translator must be su	сор	y is not acceptable. If the certificate is in a foreig			ecords in
11. Nature of business or purposes to be conducted	đ o	promoted in Florida: ownership, n	nana	geme	ent, and
rental of real property	<u>)</u>				
Signature of a member or an a	i an	thorized representative of a member.			
(In accordance with section 608.408(3)	3), F	S., the execution of this document constitutes			
an atternation under the penalties of p	peŋ	ury that the facts stated herein are true.)			
		I name of signee			

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
Housing Solutions, LLC	

2. The name and the Florida street address of the registered agent and office are:

Kelly McGuire		
	(Name)	
111 Key Heights	Drive	POP 2385 NOV SECRET
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Taverrnier	_{FL} 33070	28 PM 28 PM 3RY OF SSEELF
	City/State/Zip	r=ω "**"
		Z: 20 TATE ORID.

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Your Mc Ource (Signature)

\$ 100.0	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.0	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT HOUSING SOLUTIONS, LLC IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS NOVEMBER 14, 2005.

Paul B. Anderson Charter Division

Faul B. Underen



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097